Please type a plus sign (+) inside this box -	→Ŧ
---	----

PTO/SB/01 (12-97)

Approved for use through 9/30/00. OMB 0651-0032
Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains

a valid OMB control number. 1-2-176.1US Attorney Docket Number **DECLARATION FOR UTILITY OR** KIM, et al. First Named Inventor **DESIGN** COMPLETE IF KNOWN PATENT APPLICATION **Application Number** Not Yet Known (37 CFR 1.63) Not Yet Known Filing Date ☐ Declaration Declaration Not Yet Known Submitted after Initial **Group Art Unit** OR Submitted Filing (surcharge (37 CFR 1.16 (e)) with Initial Not Yet Known **Examiner Name** Filing required)

As a below named inventor, I hereby declare that:									
My residence, post office address, and citizenship are as stated below next to my name.									
I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled: SIMPLE BLOCK SPACE TIME TRANSMIT DIVERSITY USING MULTIPLE SPREADING CODES									
the specification of which is attached hereto	rox ·								
OR was filed on (MM/DD/YYYY)		as Uni	ed States Applicat	ion Number or PC	CT International				
Application Number		s amended on (MM/DD			(if applicable).				
I hereby state that I have reviewed and amended by any amendment specifical acknowledge the duty to disclose info	ally reterred to abo	ve.			aims, as				
I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.									
Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Cop	py Attached?				
Number(3)			0000		000				
Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:									
I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below									
Application Number(s)									
60254013		072000	numb supp	ional provisiona pers are listed o lemental priority (SB/02B attache	n a / data sheet				

[Page 1 of 2]

Burden Hour Statement This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS SEND TO: Commissioner for Patents, Washington, DC 20231.

	PTO/SB/01 (12-97)
Please type a plus sign (+) inside this box +	Approved for use through 9/30/00. OMB 0651-0032
	Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
	and the second to a collection of information unless it contains

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION — Utility or Design Patent Application

United States of United States or information which	l America, PCT Inter	under 35 U.S.C. 1 listed below and national applicational ial to patentability ternational filing d	, insota on in the v as de	ar as the subjected manner proventing the subject of the subject o	ect mane rided by t FR 1.56 v	r or ear	ai Oi uie	th of 35 11 S C	112 lad	coowle	dae the duty to	disclose
U.S. Parent Application or PCT Parent			Parent Filing Date (MM/DD/YYYY)			P	Parent Patent Number (if applicable)					
		Number			<u> </u>	(((AINI/DD	<i>/</i> 1111 <i>)</i>			ирриоция	7
Additional	U.S or PC	T international ap	plication	on numbers are	e listed or	a sup	ementa	l priority data	sheet PTO	/SB/02	B attached her	eto.
As a named inve	entor, I her	eby appoint the for nected therewith:	ollowing X	g registered pro Customer Numb OR	actitioner ber	(s) to p	osecute 1374	this applicatio	n and to tra	ansact	all business in Place Custon Number Bar C	the Patent ner ode
		· · · · · · · · · · · · · · · · · · ·		Registered prac) name	registrati	ion number lis	ted below	<u> </u>	Label here Regist	
	Name			Regist Num				Nam	е		Num	
Namely, the Volpe and K	oenig, P.C	•										
Additional r	registered	practitioner(s) nai	ned or	n supplemental	Register	ed Prac	titioner Ir	nformation sh	eet PTO/SE	3/02C a	attached herete	0
Direct all corr	esponder	nce to: 🛛 Cu		er Number Code Label		243	74	OR	Corr	espor	ndence addre	ess below
Name	VOL	PE AND KC	ENI	G, P.C. [DEPT	CC						
Address												
Address												
City							State		ZIP			
Country				Telepho	ne				Fax			
I hereby declar believed to be	true, and	statements mad further that thes prisonment, or b issued thereon.	e here se state oth, u	in of my own ements were r nder 18 U.S.C	knowledg nade witt . 1001 a	je are t n the k nd that	rue and nowledge such wil	that all stater that willful fa llful false stat	ments mad alse staten ements ma	e on in nents a ny jeop	nformation and and the like so pardize the val	d belief are made are lidity of the
Name of S	ole or F	irst Inventor					A petiti	ion has beer	n filed for	this ur	nsigned inve	ntor
G	iven Nan	ne (first and mic	ddle [i	f any])				Fami	ily Name o	or Sun	name	
		Youngl	ok						KII	<u>۸</u>		
Inventor's Signature			ń	~ ya	ny	<u> </u>	<u> </u>				Date	11/8/0
Residence:	Residence: City Fort Lee State NJ Country USA Citizenship S.Kore							S.Korea				
Post Office	Address	1090 Kin	gsla	and Lane	; 							
Post Office	Address			<u>,</u>				<u></u>			Τ	
City		Fort Lee	State			ZIP 07024 Country USA						
☑ Addition	al invento	rs are being na	ımed o	on the <u>1</u> s	upplem	ental A	dditiona	I Inventor(s) sheet(s)	PTO/	SB/02A attac	ched here

Please	type	a plus	sign :	(+)	inside	this box		+	
--------	------	--------	--------	-----	--------	----------	---------	---	--

Ptease type a plus sign (+) inside this box

Approved for use through 10/31/2002. OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION

ADDITIONAL INVENTOR(S)
Supplemental Sheet
Page 1 of 1

	A petition has been filed for this unsigned inventor				
	Family Name or Surname				
Zei	ira				
			Date 11./8./07		
NY	Country	Cit	USA tizenship		
					
NY	ZIP 11743	Country	USA		
	A petition has been	n filed for this	unsigned inventor		
	Family	/ Name or Sur	name		
			Date		
e	Country		Citizenship		
	719	Cour	ntry		
	Family Name or Surname				
			Date		
e	Country		Citizenship		
		· · · · · ·			
te	ZIP	Co	ountry		
	NY C	NY Country USA NY ZIP 11743 A petition has beer Family Country The ZIP A petition has beer Family Country The ZIP Country Country Country	Tamily Name or Surrace Zeira NY Country INY ZIP 11743 Country A petition has been filed for this Family Name or Surrace Country The Countr		

Burden Hour Statement. This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.